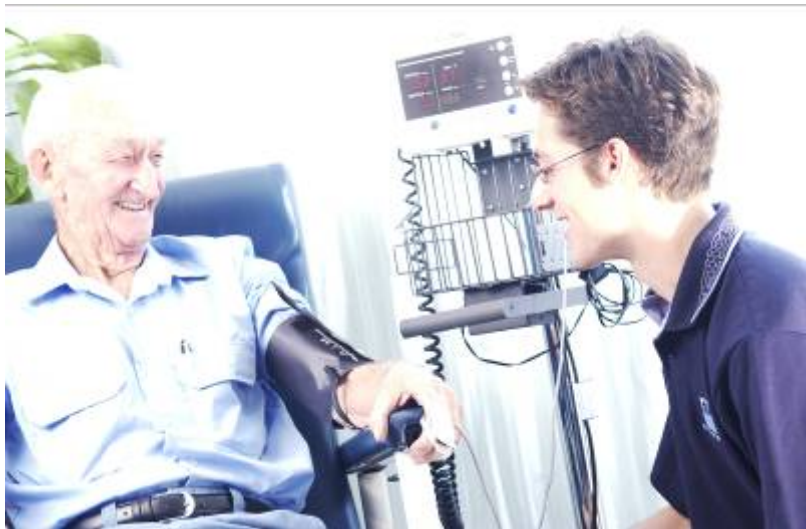


Examples of PCC4U resources in use.





Curriculum Mapping

- Identified units:
 - » NRS175 Health assessment & nursing practice (year 1)
 - » NRS190 Law and Ethics in Nursing Practice (year 1)
 - » NRS250 Acute Care Nursing Practice 2 (year 2)
 - » NRS365 Reflective Professional Nursing Practice (year 3)
 - » NRS372 Maternal Child & Family Nursing Practice (year 3)

- Intake of 40 students each year





Outcomes:

- Student Nurse feedback 1st years:
 - ‘if I hadn’t have covered it, I wouldn’t have known what to do or say’ (client and family)
 - Increased confidence in communicating
 - Ability to refer to professionals in area
- Assignments: 40% annotated bibliography related to area
- 2nd years: Education decreases student apprehension
- Increased interest in placement in area

Challenges:

- Fitting it into one session
- Linking to diverse areas, (MH, DD, IH)





Future Plans

- Sustainability
 - Add mapping document to curriculum
 - Continue linkages with CNC, community
 - Build resource into subject outlines
- Improvement
 - Map across the curriculum
 - Utilise Indigenous palliative care curriculum





Recommendations

- CD added to all subjects as a resource
- Identify PC themes/principles and link to other areas/groups
- Integrate communication themes
- Link to disability and aged care subjects
- Mental health/medication issues





Bachelor of Nursing Science (BNSc) at James Cook University, Qld

- 3 year full-time degree
- Internal Program – Cairns & Townsville
- Mixed Mode Program – Mt Isa & Thursday Is.
- External Program (6 years part-time)





Program

- Materials were provided to students as:
 - CD
 - Video
- Materials were primarily used in tutorial discussions and/or online.
- A number of technical difficulties prevented the direct online provision of the resources to the students.





Anecdotal Feedback

- From Tutors:
 - Materials were a helpful and constructive aid in student learning of P/C concepts
 - Closer integration with the remainder of the subject would have assisted the student's perceptions of the role of the P/C material.
 - Some of the materials could have been more realistic (a little too idealistic?)





Anecdotal Feedback

- From Coordinators:
 - Materials were a helpful and constructive aid in student learning of P/C concepts.
 - A longer lead time to integrate the materials would have enhanced learning outcomes.
 - Some of the materials could have been more realistic (a little too idealistic and a little too stereotypical).
 - Detailed response guides for the activities in the resources may assist in consistency of teaching.





Anecdotal Feedback

- From the Team:
 - A longer lead time to integrate the materials would have enhanced learning outcomes
 - Some of the materials could have been more multicultural and particularly, more reflective of Indigenous Australians.
 - Important to keep all the stakeholders – including industry - engaged and this is particularly so for agencies who provide placements for the students.





Outcomes

- Although we are yet to see the results of the evaluation of the PCC4U exercise at JCU, it is likely that as subjects are re-written, the PCC4U resources will be selectively incorporated in an integrated way throughout the curriculum.



The Experience of Learning Palliative Care

Taryn Stuckey
First Year Speech Pathology Student
The University of Newcastle



What we did

- We received an overview of the implementation project, were shown an overview of the CD-ROM.
- While this may be a confronting topic at the best of times, it was especially difficult out of context (in a Child Language Disorders Course) and with no clinical experience behind us.
- This was followed by a group discussion, sharing our thoughts, feelings and personal beliefs. We had many questions.
- We watched the introduction to each person's video story on the CD-ROM.
- We were encouraged to use the CD-ROM in our own time.



What I learnt

- What palliative care was. Although I had previously heard the term, I had no real understanding of what it was.
- The importance of acknowledging each person's individuality and their reactions, choices and decisions as individuals are equally valid.
- The importance of educating and including the person's family and friends in palliative care planning.
- I learnt invaluable information that can be used both personally and professionally, empowering not only myself to deal with circumstances such as these but also others close to me.
- From a personal experience, the importance of implementing a plan as early as possible. This was not so for my grandfather, whose feelings, thoughts and questions went unheard and unanswered in the last stages of his life.



What was helpful or challenging

- Initially, it was difficult to relate to palliative care in context or to have a real understanding the role of a speech pathologist in a palliative care team.
- I found it challenging putting myself in the situation of caring for someone with a life-limiting illness and not being qualified or confident enough to do so.
- It was also personally confronting to consider my own thoughts on death and dying and choices during this period. It was helpful to be reminded that it's OK to talk about these things.
- The resources on the CD-ROM were extremely valuable. Both my peers and I believed that seeing the video stories and following their progress with members of their palliative care team was important and helpful in putting what we had learnt into a realistic context.



Advice I would give my lecturer

- Encourage group discussion. It is important to remind students that it is OK to talk about death and dying and to allow them an opportunity to share their thoughts and personal experiences.
- Allow time for questions. I know I speak for many of the first year students who have little or no knowledge and experience of palliative care who naturally had many questions.



Advice I would give other students

- Be open minded. While it may seem confronting to discuss or be involved in the process of death and dying, it is important to provide person-centred care.
- Open up. Share your thoughts and feelings and ask questions. This is how you will learn.
- Remember that communication is the key. As communication is ultimately the essence of speech pathology, this should not be too hard for us! The ability to communicate effectively with the person and their significant others, and vice versa, is an integral part of palliative care.
- In reality, it does not matter which healthcare discipline you may be part of, our care is to be specific and centred on each individual and their needs.





Newcastle Social work Curriculum Mapping

- 4 year degree – experienced based approach
- 30 – 40 students in each of the 4 years
- Previously palliative care education has not been an explicit focus but related areas of study have included:
 - Social attitudes to death.
 - Theories of grief and loss.
 - Professional values.
 - » human dignity and worth;
 - » social justice;
 - » service to humanity;
 - » integrity;
 - » competence (AASW, 1999).
- Some placement experience in palliative care and hospital settings.



Project Scope

- Collaboration with a palliative care social worker and a community health social worker to develop an interactive workshop for 4th year students in interpersonal skills course.
- Workshop focus and format consistent with goals and topics in existing course.
- Course drew on resource material provided by PCC4U project.
- All students provided with a copy of the CD-ROM post workshop.



Project Outcomes

- Increased knowledge.
- Increased confidence.
- Increased preparedness.
- Increased comfort.
- Marginally increased confidence with clinical aspects.
- Increased confidence in providing support.
- Palliative care workshop reinforced value and applicability of prior learning in relation to person-centeredness, professional, values, empathy.
- Increased interdisciplinary collaboration in teaching and learning.



Facilitating factors:

- consistency with existing curriculum.
- involvement of practitioner in planning and delivery.
- on-site collaboration with Speech Pathology i.e. joint experience.
- support from project team.
- project resources – materials; funding.

Limiting Factors:

- Time for planning and implementation.

